D ELECTION CYCLE				SECRETARY OF STATE
DEDORT OF E	Candi	tate	BURSEMENTS	
	of Kosciusko			ECELVE
Name of CandidateMarvin "P		9		ECEIVE
Address 308 Lucas St. K			090	MAY 0 5 2010
Telephone ((do2) 289 - 2754				Campaign Finance Secretary Strand
Contact Name	Email			
Office Sought Alderman Ward	1 p	olitical Par	ty Independent	rt-
Check here if above is different from				
	TYPE	OF REPO	RT	
March 9, 2010 Pre-Election Report	January 1 2010	through M	amh 6 2010\	Mandatory
January 31, 2011 Annual Report (Ja				
Termination Report (Candidate will r	1	_		
Campaign expenditures and has no	o longer accept course	o tdeb ngia	bligation) repo	uired to terminate orting obligations
	IMBOR	TANT	S. Well	
(i) Pre-Election reports are mandatory, even in shall submit a report indicating "0" (Zero)	if no contributions	or expend	tures have occurred. In	such case, the candidate
(2) Until a Candidate flies a Termination Repo				
with \$ 23-10-607 (b) (ii) and (iii).				
(3) The receiving authority must be in actual r falls on a weekend or a holiday, the office day before the deadline. Faxed reports an	must on to ecoted t	red reports receipt of the	by 5:00 p.m. on the rep required reports by 6	porting day. If the deadline 1:00 p.m. on the first working
Cay Melore the deadline. Paxed reports an	acceptable.	_		
REPORTE	D CONTRIBUT	TONS AN	ID DISBUR SEM EN	Te
	+ Non-Itemized		This Period	Calendar
Total amount of contributions \$	+5 Ω	\$	0	Year-To-Date
Total amount of disbursements \$ 1 h72:	. 0			• 0
1,007.	50+8 -D	\$	1,023.30	\$ 1,023.30
Total amount of cash on hand		\$	-0-	
I certify that I have examined this report an	d to the best of m	ly knowled		
Signature of Candidate	nee_		5-4-10	
			Date	
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. *ensities: Fallure to submit required reports, or failure to esuit in fines of \$50 per day and/or represented in some	attachera it assessments to severe	والمتحادي والمراجع والمساوي	statutom dandiinaa = 11-	100 to 4. h. 14 11 h
esult in fines of \$50 per day and/or prosecution in accom	dence with Mise. Code	Ann. \$4 23-1	5-811 and 813 (1972),	ira na grimmit niing tabbitte etreji

SEND TO: 1, Candidates for Stalanide, State district, musti-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 135, Jackson, MS 32205 or fax to 601-359-1489 or 601-576-2819.

2. Candidates for countywide and county district differs should return forms to their county Circuit Crerk.

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Name of Candidate or Committee Mary Parelle Pa	March 16		
ITEMIZED	RECEIP	TS	
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			\$
Mailing Address			\$
City, State, Zip Code		_'_'_	S
Name of Employer (Required)		_'_'_	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: Corporation PAC Individual I i	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name			\$
Mailing Address			\$
City, State, Zip Code			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: Corporation S PAC Individual I L Other (please specify)	oan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name			\$
Malling Address			\$
City, State, Zip Code			s
Name of Employer (Required)			s
Occupation (Required)		Aggregate year-to-date	s
D. Source: Corporation C PAC Individual D Lo	en.	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		_'_'_	s
Mailing Address			\$
City, State, Zip Code			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$

	NA . " > 14 1	Page	h	_
Name of Candidate or Committee	Marvin top Lawrence.			
Reporting period	through Merch 16			

ITEMIZED DISBURSEMENTS

Central MS Office Supply	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3,1,10	\$ 85.60
City, State, Zip Code	3/1/10	
Purpose of Disbursement (Optional) Signs & Campainin Cards	Aggregate Year-to-date	\$480.60
Star Herald	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	3/10/10	\$ 198.45
City, State, Zip Code	<u>&</u> /_/_	s
Purpose of Disbursement (Optional) Camposon AL C	Aggregate Year-to-date	\$ 198.45
Boswell Media	Date (Mo., Day, Year)	Amount of sech disbursement this period
City, State, Zip Code	3,10,10	\$ 344.25
	//_	S
Purpose of Distursement (Optional)	Aggregate Year-to-date	5 344.25
D. Full name J	(Mo., Day, Year)	Amount of each distursement this period
Mailing Address		5
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S Design
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
falling Address		5
ity, State, Zip Code	_/_/_	s
urpose of Disbursement (Optional)	Aggregate Year-to-date	s